

RECEIVED

JUL 31 2020

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF OHIO

DEBORAH S. HUNT, Clerk

COLSON, Antonio

(ENTER ABOVE THE NAME OF THE PLAINTIFF IN THIS ACTION)

IF THE PLAINTIFF IS A PRISONER:

PRISONER #

A723-076

vs.

Ohio Department of Rehabilitation and Correction

(ENTER ABOVE THE NAME OF THE DEFENDANT IN THIS ACTION)

(ODRC)

IF THERE ARE ADDITIONAL DEFENDANTS PLEASE LIST THEM:

1:20-cv-595

Judge Cole
Magistrate Judge
Bowman

COMPLAINT

I. PARTIES TO THE ACTION:

PLAINTIFF:

PLACE YOUR NAME AND ADDRESS ON THE LINES BELOW. THE ADDRESS YOU GIVE MUST BE THE ADDRESS THAT THE COURT MAY CONTACT YOU AND MAIL DOCUMENTS TO YOU. A TELEPHONE NUMBER IS REQUIRED.

Antonio Colson

NAME - FULL NAME PLEASE - PRINT

Labanon Correctional Inst.

ADDRESS: STREET, CITY, STATE AND ZIP CODE

P.O. Box 56, Lebanon, Ohio 45030

TELEPHONE NUMBER

IF THERE ARE ADDITIONAL PLAINTIFFS IN THIS SUIT, A SEPARATE PIECE OF PAPER SHOULD BE ATTACHED IMMEDIATELY BEHIND THIS PAGE WITH THEIR FULL NAMES, ADDRESSES AND TELEPHONE NUMBERS. IF NO ADDITIONAL PLAINTIFFS EXIST CONTINUE WITH THIS FORM.

PAGE 2 AND 3 OF THIS FORM DEAL ONLY WITH A PLAINTIFF THAT IS INCARCERATED AT THE TIME OF FILING THIS COMPLAINT.

IF YOU ARE A PRISONER FILING A CIVIL SUIT THE FOLLOWING INFORMATION IS REQUIRED:

PREVIOUS LAWSUITS:

- A. HAVE YOU BEGUN OTHER LAWSUITS IN STATE OR FEDERAL COURT DEALING WITH THE SAME FACTS INVOLVED IN THIS ACTION OR OTHERWISE RELATING TO YOUR IMPRISONMENT? YES () **NO (X)**
- B. IF YOUR ANSWER TO A IS YES, DESCRIBE THE LAWSUIT IN THE SPACE BELOW. (IF THERE IS MORE THAN ONE LAWSUIT, DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THE SAME OUTLINE.)

1. PARTIES TO THIS PREVIOUS LAWSUIT

PLAINTIFFS:

DEFENDANTS:

2. COURT (IF FEDERAL COURT, NAME THE DISTRICT: IF STATE COURT, NAME THE COUNTY)

3. DOCKET NUMBER

4. NAME OF THE JUDGE TO WHOM THE CASE WAS ASSIGNED

5. DISPOSITION (FOR EXAMPLE, WAS THE CASE DISMISSED? WAS IT APPEALED? IS IT STILL PENDING?)

6. APPROXIMATE DATE OF THE FILING OF THE LAWSUIT

7. APPROXIMATE DATE OF THE DISPOSITION

PLACE OF PRESENT CONFINEMENT

A. ☒ IS THERE A PRISONER GRIEVANCE PROCEDURE IN THIS INSTITUTION?
YES () NO ()

B. DID YOU PRESENT THE FACTS RELATIVE TO YOUR COMPLAINT IN THIS STATE PRISONER GRIEVANCE PROCEDURE? ☒ YES () NO ()

C. IF YOUR ANSWER IS YES:

1. WHAT STEPS DID YOU TAKE?

informal Complaint, Grievance,
And Appeal

2. WHAT WAS THE RESULT?

Refused to Render Pain Medications
And Spinal injections All So Has Failed
To Relieve Pain Issues From Stroke & Recalled Hip
Injury Causing Right leg to deteriorate from
Metal Rod implanted in Right Hip

D. IF YOUR ANSWER IS NO, EXPLAIN WHY NOT

E. IF THERE IS NO PRISON GRIEVANCE PROCEDURE IN THIS INSTITUTION, DID YOU COMPLAIN TO PRISON AUTHORITIES? ☒ YES () NO ()

F. IF YOUR ANSWER IS YES:

1. WHAT STEPS DID YOU TAKE?

Contacted Medical
Case Manager
Unit Manager

2. WHAT WAS THE RESULT?

Minor Medical Care no Relief From
Pain no Solution to My Pain Issues
And Health Issue Caused By Refusing to treat me

DEFENDANTS:

PLACE THE NAME AND ADDRESS OF EACH DEFENDANT YOU LISTED IN THE CAPTION ON THE FIRST PAGE OF THIS COMPLAINT. THIS FORM IS INVALID UNLESS EACH DEFENDANT APPEARS WITH FULL ADDRESS FOR PROPER SERVICE.

1. Ohio Department of Rehabilitation and Correction
NAMES - FULL NAME PLEASE

2. 4545 ~~4545~~ Fisher Road, Suite D
Columbus Ohio 43228

3.

4.

5.

6.

IF THERE ARE ADDITIONAL DEFENDANTS, PLEASE CONTINUE LISTING THEM.

STATEMENT OF CLAIM

PLEASE WRITE AS BRIEFLY AS POSSIBLE THE FACTS OF YOUR CASE. DESCRIBE HOW EACH DEFENDANT IS INVOLVED. INCLUDE THE NAME OF ALL PERSONS INVOLVED. GIVE DATES AND PLACES.

DO NOT GIVE ANY LEGAL ARGUMENTS OR CITE ANY CASES OR STATUTES.

IF YOU HAVE A NUMBER OF DIFFERENT CLAIMS; PLEASE NUMBER AND SET FORTH EACH CLAIM IN A SEPARATE PARAGRAPH. USE AS MUCH SPACE AS YOU NEED. YOU ARE NOT LIMITED TO THE PAPERS WE GIVE YOU. ATTACH EXTRA SHEETS THAT DEAL WITH YOUR STATEMENT CLAIM IMMEDIATELY BEHIND THIS PIECE OF PAPER.

Mr. Colson Presented His Complaints of Serious Medical Issues LOCI Communications Grievance Report # LOCI10118000386 is Attached as evidence of exhausted administrative Remedies that were Available. My Medical injuries ~~have~~ were Significant Physical Damages Caused By lack of Medical Treatment Has Caused Pain And ~~Disability~~ Suffering And Has Practically Been Ignored By O.D.Z.C. FINE, LOCI, LECI which Are Associated Krew O.D.Z.C. Medical Computer System Have Been Made Aware of My issues in this Complaint And Agree that My issues Are Significant But Have All Failed to Render proper Medical Relief. I am Deformed Suffering from Strykel a Back Implant in a Case of Cerebral Palsy, JRA. Arthritis, Damaged Hip, Have Hyperparathyroidism causing High calcium in My Blood which Surgery is the most Common Treatment for Primary Hyperparathyroidism in which Causes Abdominal Pain Bone And Joint Pain these Are All Factors of My Relief from Pain should Be Rendered; Suffered from level 10 Pain Deformities, Back Mobility Caused from Hip Implant which has Been Recalled And the extreme Pain And Back Judgment By O.D.Z.C. to ignore My issues is Cruel Punishment And is Unnecessary to keep denying Medical Treatment

RELIEF

IN THIS SECTION PLEASE STATE (WRITE) BRIEFLY EXACTLY WHAT YOU WANT THE COURT TO DO FOR YOU. MAKE NO LEGAL ARGUMENT, CITE NO CASES OR STATUTES.

LECTI Complaint # LECTI.0620002402

I Have Followed the Grievance Procedure Here addressed my issues And Still no Relief Available for Pain, explained my problems And its logged in my Medical Files to Review this Situation should have the utmost Attention And consideration But again Medical issues And Pain And Suffering Are ignored ~~and~~ I Have Produce evidence of Physical injury And emotional injury caused By Pain Being ignored I would like the Court to Take Action Award Compensation For Damages caused By O.D.R.C. negligence (1) \$1 Million Cash (2) Medical Person Transfer (3) Immediate Release For Surgery (4) Order O.D.R.C. to Pay For Surgery And damages caused By there Actions to Refuse Medical Treatment allowing Pain And injuries to continue. My Right Hip implant Has Been Recalled its Bone to Bone Cause a Great Deal of Pain My Right Knee is Deteriorated Cause Right leg to be shorter O.D.R.C. Has Failed to Control or Maintain Pain caused By Refusing Medical Treatment

SIGNED THIS 27 DAY OF 27 2020


SIGNATURE OF PLAINTIFF

Ref# LOC0118000386	Case: 12036-00595-DRG-SKIP Doc#54	Filed: 09/30/20 Page: 7 of 10 PAGEID #: 44	Page: 1
ID#: A723076	Name: COLSON, ANTONIO	Date Created: 01/25/2018	
Form: Grievance	Subject: Health Care	Description: Health Care	
Urgent: No	Time left: n/a	Status: Closed	

Original Form

1/25/2018 8:56:36 AM : (a723076) Wrote

ON JANUARY 16, 2018. I ANTONIO COLSON #723076 WAS SEEN BY THE INSTITUTION HEALTH CARE PHYSICIAN MS. BOTTOFF. I AM SUFFERING FROM A BAD HIP IMPLANT CALLED (STRYKEL) AND A DEFORMED RIGHT ARM CEREBRAL PALSY, ALSO I HAVE JRA ARTHRITIS WHICH CAUSES DAMAGE TO MY JOINTS THROUGHOUT MY BODY. I SIGNED A MEDICAL RELEASE FORM AND WENT THROUGH THE INSTITUTION PROTOCOLS WITH THE EXPECTATIONS OF GETTING SOME MEDICAL RELIEF WITH RESPECT TO MY SERIOUS MEDICAL PROBLEMS. I STAYED COMPLAINING ABOUT MY PAIN AND CONDITIONS FOR THE LAST 2 YEARS. I HAVE CONSTANTLY BEEN GIVEN THE RUN AROUND TO NO END CONCERNING MY MEDICAL PROBLEMS AND CONDITIONS. I WOULD TRULY APPRECIATE YOUR HELP IN THIS MATTER, BUT THE PAIN I SUFFER BECAUSE OF MY HIP IMPLANT AND MY PHYSICAL/HANDICAPS ARE MORE THEN I CAN BARE. I AM BEING GIVEN A PAIN MEDICATION CALLED ULTRAM/TRIMADOL WHICH DOES VERY LITTLE TO EASE MY PAIN. ON JANUARY 16, 2018 I TRIED TO EXPLAIN TO MS. BOTTOFF THAT MY BODY CAN'T BARE PAIN ANY LONGER DUE TO ALL MY HEALTH PROBLEM. IS THERE ANY OTHER OPTIONS AND SHE TOLD ME "IM NOT" CHANGING ANYTHING, AND LEFT IT AS THAT. I HAD TO WRITE A COMPLAINT AND IT IS MY PRAYER TO YOU WILL; GIVE MY SITUATION THE UTMOST OF ATTENTION AND CONSIDERATION.

Communications

1/29/2018 9:49:31 AM : (Robin Murphy) Wrote

Mr. Colson, when we spoke I explained that the medical staff at LOCI have explored every avenue at our disposal to take care of your extensive medical issues. You were sent to Orthopedics, then sent to Surgery. It was the Surgery Department of OSU that said that you were a poor surgical candidate due to your short neck and airway. You have had numerous CT Scans, MRI's and x-rays. We have sent you to physical therapy. The PT Department at FMC has discharged you because they feel they have done all they can, and are afraid they may injure you further. You are currently getting 100mg of Ultram a day for pain. You have asked to be sent for spinal injections, but as I explained, this is something that has not been approved within the ODR&C system 68-MED-14.

2/5/2018 8:13:19 AM : (a723076) Wrote

I am writing this grievance in hope that i may get some help from you or someone in your office with respect. i am constantly suffering daily concerning my medical problems and conditions on 1-25-18 I Antonio D. Colson 723-076 Filed a Informal Complaint (ref #loci0118000386) (Description Health Care) with great expectations of receiving some medical relief, however to no avail, it fell on deaf ears or was of no real concern to the medical staff because they didn't consider it life threatening. I am suffering from a bad hip implant which has a recall and it's causing tremendous pain throughout my body. on 1-29-18 it was explained by Ms. Murphy the Health care Administrator LocI have explored every avenue at their disposal to take care of your extensive medical issues and FMC has discharged me and the orthopedics are afraid they may injure me any further. Strykel recall hip causes other damages towards me and all my joints throughout my body which hurt constantly from just walking also it's very troubling to bend down or get myself in order to start my day. Not only is my condition taxing to my body but it's very stressful to me mentally and causing my right leg to deteriorate from the metal rod that's implanted in my right hip. the medication ultram 100 mg just alone 3x a day it's not helping to bare the pain i'm enduring it's very difficult for me to use the toilet. I have only the use of my left hand and nothing to grab to help me pull myself up off the toilet. i suffer a painful and embarrassing moment practically everytime

2/26/2018 12:35:14 PM : (DeCarlo Blackwell) Wrote

Inmate Colson I am in receipt of your NOG regarding the ODR&C and Ohio State University Medical Center refusing to remove a replacement hip due to the medical risk associated with your short neck and airway. You also state that you are in a tremendous amount of pain and you need additional medication to relieve your pain. You state you also have a hard time using the restroom due to being handicapped.

Inmate Colson I read your ICR and met with you on 2/26/18. We took a tour of A3 due to the dorm having handicap accommodations.

Inmate Colson this writer informed you that you needed to request ADA accommodations. We also toured A3 and saw that the dorm would meet your medical needs. You are going to contact Mr. Condrac, UMC regarding ADA accommodations.

You are receiving Ultram 100mg three times per day. You are also requesting spinal injections but were informed per policy 68-MED-14 they are not a part of ODR&C formulary. Your NOG is denied. You were properly informed by this writer to apply for ADA accommodations. No further actions will be taken.

Case Actions

1/25/2018 8:56:36 AM : (a723076) Wrote

Form has been submitted

2/5/2018 8:13:19 AM : (a723076) Wrote

Escalated to Grievance

Ref# LOCI0118000386

Housing: D3154L

Date Created: 01/25/2018

1/29/2018 9:49:31 AM : (Robin Murphy) Wrote
Responded to inmate

1/29/2018 9:50:05 AM : (Robin Murphy) Wrote
Closed inmate form

2/12/2018 9:35:37 AM : (DeCarlo Blackwell) Wrote
Form was viewed by DeCarlo Blackwell and the status was changed to Pending.

2/19/2018 8:15:45 AM : (System) Wrote
Closed inmate form

2/23/2018 11:53:02 AM : (DeCarlo Blackwell) Wrote
Re-Opened inmate form

2/23/2018 11:53:08 AM : (System) Wrote
Closed inmate form

2/23/2018 11:54:10 AM : (DeCarlo Blackwell) Wrote
Re-Opened inmate form

2/23/2018 11:54:27 AM : (DeCarlo Blackwell) Wrote
Extended form expiration date: 2/27/2018

2/26/2018 12:35:14 PM : (DeCarlo Blackwell) Wrote
Responded to inmate

2/26/2018 12:35:24 PM : (DeCarlo Blackwell) Wrote
Closed inmate form - Disposition: Denied

Ref# LECI0620002402	Housing: 4G47L2	Date Created: 06/16/2020
ID#: A723076	Name: COLSON, ANTONIO	
Form: Appeal	Subject: Health Care	Description: Improper/inadequate medical care
Urgent: No	Time left: n/a	Status: Closed

Original Form

6/16/2020 6:12:00 PM : (a723076) wrote

due to extreme pain and bad health conditions beyond mt control my daily functions has been hampered imade these issues known to the medical staff and there bad judgement to disregard my issues is cruel my hip implant has me in bad pain ,right arm cerbral palsy ,extreme deformdities,level 10 pain of hip,hammer toe issues the staff refused to cut i can bend over ,slipping feeling ofhip joint ,noise from hip during walking,lack of sleep due to pain ,weight loss ,pain causing me high bp,it is considered cruel and unusal punishment and is tortue to disregard my issues of pain medical treatment is my constutuional right protected by the 8th admendment of the u.s.constitution please adressthes issues mrs.allery mr.keesler i cant even walk because my hammer toe issues from long toe nails also bending over because of my short neck i have issues breaveing thats beyond your control but he nail issues and the pain siduation should be addressed properly

Communications / Case Actions

6/16/2020 6:12:00 PM : (a723076) wrote

Form has been submitted

6/23/2020 9:34:00 AM : (Devin Hoover) wrote

There will be an extension place on this to complete a proper investigation.

6/23/2020 3:11:27 PM : (Heather Anderson) wrote

Mr. Colson,

You have been seen by Ms. Taylor twice this month and she has trimmed your toenails and addressed your pain with duloxetine and mobic. Narcotic pain medications are not used here or on the streets for long term use, they are for short term acute issues. Your weight is the same as it was in October 2019.

Ms. Anderson

6/23/2020 3:11:43 PM : (Heather Anderson) wrote

Closed inmate form

6/24/2020 5:33:00 PM : (a723076) wrote

Escalated to Grievance

6/24/2020 5:33:00 PM : (a723076) wrote

the issue at hand is the pain out side of the narcotic medication i need some form of paian meds to fuction the pain is very very unbareble and somethings needs to be done

7/7/2020 12:39:07 PM : (Devin Hoover) wrote

I have reviewed your grievance LeCI 0620002402 concerning your medical concerns and improper medical care.

Remedy Requested: You want pain medication.

In your grievance, you state the following verbatim: "due to extreme pain and bad health conditions beyond mt control my daily functions has been hampered imade these issues known to the medical staff and there bad judgement to disregard my issues is cruel my hip implant has me in bad pain ,right arm cerbral palsy ,extreme deformdities,level 10 pain of hip,hammer toe issues the staff refused to cut i can bend over ,slipping feeling ofhip joint ,noise from hip during walking,lack of sleep due to pain ,weight loss ,pain causing me high bp,it is considered cruel and unusal punishment and is tortue to disregard my issues of pain medical treatment is my constutuional right protected by the 8th admendment of the u.s.constitution please adressthes issues mrs.allery mr.keesler i cant even walk because my hammer toe issues from long toe nails also bending over because of my short neck i have issues breaveing thats beyond your control but he nail issues and the pain siduation should be addressed properly"

During the investigation of your complaint I reviewed your medical chart, I reviewed your ICR sent to the Infirmary, and policy MED-68-01, and AR 5120-9-31. This Inspector also spoke to Ms. D. Ullery HCA, and Heather Anderson who did provide the ICR response. You were also advised on this information and the medical process of pain management. According to your medical file, which was reviewed with the assistance of Ms. Barr (Assistant HCR) you were last seen on June 9th for this pain. You were given a one time pain medication and educated on pain management and advised to take Ibuprofen as needed. Medical has continued to schedule your chronic care appointments and your next appointment is in September. LeCI Medical Staff has advised you that you have been seen by Ms. Taylor twice in June and narcotic pain medication is not used here at LeCI nor on the street for long term use, it is strictly for short term acute issues.

LeCI is not out of compliance as you have attempted to claim. Shoud you have further issues, then please speak to Medical staff Ms. Anderson, Ms. Taylor or file an HSR form and k to be seen for further issues.

Based on the above, your grievance is denied as there is no p violation. This office will take no further action regarding this matter.

Ref# LECI0620002402

Housing:4G47L2

Date Created:06/16/2020

7/7/2020 12:39:14 PM : (Devin Hoover) wrote
Closed inmate form - Disposition: Denied

7/8/2020 2:37:10 PM : (a723076) wrote
Escalated to Appeal

7/8/2020 2:37:10 PM : (a723076) wrote
to whom this may concern the recalled hip implant metal rod is causing me pain and my knee to deteriorate i have no problem with regular pain medications your refusing to render proper pain medication relief my situation is special but O.D.R.C. can give me proper medication to relieve my pain i understand there is non-narcotic available thats fine i just want the pain to stop your the medical team im just the inmate suffering from lack of medical treatment whats the good of seeing mrs.taylor if she cant help me and saying O.D.R.C is responsible for me and subjecting me to cruel unusual punishment by lack of medical care my issues are valid and need to be reviewed not postponed if there is nothing you can do send me to someone thats experienced because im in pain right now ...

7/9/2020 12:47:01 PM : (karen stanforth) wrote
Affirmed.

A review of your medical record and pain management indicates you have been educated on the current course of action for your condition and what is available OTC in the commissary for pain control and the ODRF Formulary practices for prescription pain meds. Please continue to maintain close contact with your medical providers so they can monitor for any changes in your current health status with your hip issue. The medical staff have followed the appropriate guidelines set forth in 68-MED-01 and 68-MED-11. I am unable to determine any acts of deliberate indifference or negligence concerning your medical management. There will be no further action concerning this appeal at this time.
Karen Stanforth, Assistant Chief Inspector, Medical

7/9/2020 12:47:44 PM : (karen stanforth) wrote
Closed inmate form - Disposition: Affirmed with comments

Admin Log

6/17/2020 6:32:43 AM : (Devin Hoover) wrote
Form was viewed by Devin Hoover and the status was changed to Pending.

6/23/2020 9:34:00 AM : (Devin Hoover) wrote
Responded to inmate

6/23/2020 9:34:09 AM : (Devin Hoover) wrote
Extended form expiration date: 6/27/2020

6/23/2020 3:11:27 PM : (Heather Anderson) wrote
Responded to inmate

6/25/2020 4:10:38 PM : (Devin Hoover) wrote
Form was viewed by Devin Hoover and the status was changed to Pending.

7/7/2020 12:39:07 PM : (Devin Hoover) wrote
Responded to inmate

7/9/2020 12:43:03 PM : (karen stanforth) wrote
Form was viewed by karen stanforth and the status was changed to Pending.

7/9/2020 12:47:01 PM : (karen stanforth) wrote
Responded to inmate